Name in Full Samuel Arthur

Certificate of Death

Died at Town Cooptown County Harford MARYLAND

Date 1898 Month 12 Day Age Y. 60 M. D. Native of Occupation

Male White Married Widow Divorced

~~Female~~ Colored ~~Single~~ Widower Number of children living 4

Husband of Wife

Father's Name Mother's Name 57

Cause of Death Primary Heart trouble How long sick

Immediate Accident, Suicide, Homicide

Reported by Aegis & Intelligencer 12-16

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Rev. H. H. Price.

Name in Full: John Miles Blake

Certificate of Death

Died at — Town: Bynum — County: Harford — MARYLAND

Date 1898 — Month: Dec. — Day: Friday — Age: Y. 71 M. D. — Native of: America — Occupation: Farmer

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living: 7

Husband / Wife of: Martha Blake

Father's Name: Katharine Blake — Mother's Name: Martha A. O'Donnell

Cause of Death — Primary: Dilatation of Stomach — How long sick: 6 days

Immediate: Debility — ~~Accident, Suicide, Homicide~~

Reported by: F. P. Smithson M.D.

Address: Forest Hill, Harford Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

George Bond. (Colored)

Died at Town: Oakington. P W & B R R. County: Harford MARYLAND

Date 1898 Month 12 Day 26 | Age Y. about M. 40 D. | Native of Maryland | Occupation Gaborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of ——

Father's Name ——

Mother's Name ——

Cause of Death: Primary Whiskey 145d | How long sick

Immediate Struck by RR Engine | Accident, Suicide, Homicide

Reported by James Hopper L.P.

Address Havre de Grace Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full Austin Clendenin

Certificate of Death

Died at Town Conowingo County (Paper Mill) Harford MARYLAND

Date 1898 Month 12 Day 9 Age Y. 3. M. D. Native of Maryland ~~Occupation~~

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name John

Mother's Name Mary

Cause of Death: Primary Pneumonia 72 How long sick 10 days

Immediate

Accident, Suicide, Homicide

Reported by Bailey & Baldwin Undertakers

Address Darlington Md W. B. Kirk Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Wm. J. Crew

Certificate of Death

Died at Town Watervale County Harford MARYLAND

Date 189 8 Month 12 Day 2 Age Y. 93 M. D. Native of Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name 141

Cause of Death Primary Old age How long sick

Immediate Accident, Suicide, Homicide

Reported by Aegis & Intelligencer Belair

Address 12-9

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Jno. S. Dallam

Certificate of Death

Died at Town: Bel Air County: Harford MARYLAND

Dato 189 8 Month: Dec. Day: 2 Age Y. 83 M. – D. – Native of Maryland USA. Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 5

Husband ~~Wife~~ of A. M. Dallam

Father's Name Richard Dallam Mother's Name Doris Brown

Cause of Death: Primary Senile Debility 141 How long sick 3 weeks.

Immediate Exhaustion ~~Accident~~, Suicide, ~~Homicide~~

Reported by E. Hall Richardson M. D.

Address Bel Air, Md.

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Am. T. Forwood

Certificate of Death

Died ~~at~~ near Town Coopstown County Harford MARYLAND

Date 189 8 Month 12 Day 11 Age Y. 68 M. D. Native of Occupation merchant

Male ~~Female~~ White Colored Married ~~Single~~ Widow Widower Divorced Number of children living 2

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Pneumonia 72 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596R

Attended by Dr.

of

Rev. Dr. Lt. Davis

Name in Full

Certificate of Death

Henry Geffert

Died at Town near Waterville County Harford MARYLAND

Date 189 8 Month 12 Day 17 Age Y. 60 M. D. Native of Occupation

Male White Married Widow Divorced

~~Female~~ Colored ~~Single~~ Widower Number of children living 4

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary

Immediate

How long sick

Accident, Suicide, Homicide

161

Reported by William S. Archer M.D.

Address Bel Air, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Joseph E Correll

Certificate of Death

Died at Town Chestnut Hill County Harford MARYLAND

Date 189 8 Month 12 Day 12 | Age Y. 73 M. D. | Native of Am | Occupation Carpenter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 7

Husband ~~Wife~~ of Sarah J Correll

Father's Name

Mother's Name

Cause of Death: Primary Pneumonia 72 | How long sick 4 days

Immediate Congestion | Accident, ~~Suicide, Homicide~~

Reported by O B Carcaud M.D.

Address Hickory Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Sarah J Gorrell

Died at Town Chestnut Hill County Harford Co MARYLAND

Date 189 8 Month Dec Day 5 Age Y. 66 M. D. Native of Md Occupation H. Wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

Husband of Wife Joseph Gorrell

Father's Name John Ward Mother's Name Hannah Ward

Cause of Death Primary Pneumonia How long sick 10 days

Immediate Congestion ~~Accident, Suicide, Homicide~~

Reported by O B Carcand

Address Hickory Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 63968

Name in Full John Alexander Hanna — Certificate of Death

Died at Town Bel Air County Harford MARYLAND

Date 189 8 Month 12 Day 21 | Age Y. 68 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by American Sentinel 12-24

Address [redacted] Westminster

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 78706

Name in Full

Certificate of Death

Florence Hawksworth

Town

Died at Havre de Grace

County

Harford

MARYLAND

Date 1898 Month 12 Day 15

Age Y. 10 M. — D. —

Native of —

Occupation —

~~Male~~ Female

White ~~Colored~~

~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name J. C. Hawksworth

Mother's Name —

Cause of Death: Primary Miasma 161

Immediate —

How long sick —

~~Accident, Suicide, Homicide~~

Reported by Geo. Pennington, Undertaker.

Address Havre de Grace Md.

Must be signed by ~~physician~~, if any in attendance, otherwise by ~~coroner~~, undertaker or ~~minister~~.

LIBRARY BUREAU, 85968

P.C. 50

Ps medical attendant

Name in Full

Mrs. C. Susan Hays.

Certificate of Death

Died at Town Aberdeen County Harford MARYLAND

Date 1898 Month Dec Day 25 | Age Y. 75 M. 10. D. 7. | Native of | Occupation

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6.

Husband / Wife of Dr. G. T. Hays

Father's Name Thos. Hays Mother's Name Frances A Hays

Cause of Death: Primary Partial Paralysis — How long sick 4 weeks

Immediate — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

44

Reported by W. B. Rowe M.D.

Address Aberdeen Harford Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Annie Hill

Certificate of Death

Died at Town Gravelly Hill County Harford MARYLAND

Date 189 8 Month Dec. Day 31 Age Y. 68 M. 7 D. 3 Native of Harford Occupation Housekeeper

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ Wife of Chas. Hill

Father's Name

Mother's Name

Cause of Death: Primary

Immediate Consumption

How long sick [illegible]

Accident, Suicide, Homicide

Reported by Bailey & Baldwin, Undertakers

Address Lovel, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Joseph A. Howard

Certificate of Death

Died at Town: Short Lane County: Harford MARYLAND

Date 1898 Month: Dec. Day: 16 | Ago Y. 72 M. — D. — | Native of | Occupation: R.R. Flagman

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~ 2

Husband ~~Wife~~ of

57

Father's Name: Joseph A Howard

Mother's Name: Margaret S Howard

Cause of Death: Primary: Nephritis + Mitral Reg. | How long sick: 18 mo

Immediate: Intesh. obstruction | ~~Accident, Suicide, Homicide~~

Reported by: Chas H Kriete M.D.

Address: Aberdeen, Md.

A. R. Fletcher, Undertaker, Aberdeen

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. Thos. A. Steele,
of Aberdeen Md.

Information contained in this certificate received from Asher Howard
of Aberdeen, Md.

Name in Full John Hunseburgar

Certificate of Death

Town County

Diod at Harford MARYLAND

Date 1898 Month 12 Day 4 | Age Y. 97 M. D. | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Fether's Name Mother's Name

Cause of Death { Primary 161. How long sick

Immediate Accident, Suicide, Homicide

Reported by Bel Air Times

Address 12-10

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Rev. J. T. Lassell, M. P. Ch.

Name in Full Sarah F. Jarrett

Certificate of Death

Died ~~at~~ near Town Jarrettsville County Harford MARYLAND

Date 1898 Month 12 Day 17 Age Y. 5 M. 3 D. Native of Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of Dr. Martin L. Jarrett

Father's Name William Glenn Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Republican 12-24

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Rev. H. A. Price Bethel Pres. Ch.
" J. L. Southoron, Rock Spring P. E. Church
" L. Hammond Calvary M. E. Church South

Jarrettsville

Rev. Dr. H. H. Davis, Jarrettsville M. E. Church
Rev. L. C. Wolfe German Evanglical Lutheran, near Bethel

Funeral services at Bethel Pres. Church

Name in Full

Certificate of Death

M. Louisa Judd

Died at Town: Bel Air County: Harford MARYLAND

Date 189 8 Month: 12 Day: 29 | Age Y. 63 M. D. | Native of | Occupation

~~Male~~ Female | White Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 Immediate

How long sick

Accident, Suicide, Homicide

Reported by Regis & Intelligencer 12-30

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Rev. J. J. A. Frederick

Buried in St. Ignatius cemetery,

Vicksburg

Name in Full

Certificate of Death

John F. Lane

Died at Town Havre de Grace County Harford MARYLAND

Date 1898 Month Dec. Day 9 | Age Y. 69 M. — D. — | Native of Virginia | Occupation Minister

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 7

Husband ~~Wife~~ of Caroline Lane

Father's Name — Mother's Name —

Cause of Death: Primary — 161 | How long sick about two wks

Immediate — | ~~Accident, Suicide, Homicide~~

Reported by A. C. Crothers M.D.

Address Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65962

Name in Full | Certificate of Death

Edward McDermotte

Died at Town: Havre de Grace. County: Harford MARYLAND

Date 1898 Month 12 Day 25 | Age Y. M. D. about 50 | Native of Ireland | Occupation Laborer

Male ✓ White Married ✓ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~ None

Husband / Wife of not known

Father's Name — Mother's Name —

Cause of Death: Primary Whiskey 148 | How long sick

Immediate Drowned | Accident, Suicide, Homicide

Reported by James Hopper I. P.

Address Havre de Grace Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full John McPherson

Certificate of Death

Died at Town Cardiff County Harford MARYLAND

Date 189 8 Month 12 Day 5 Age Y. 71 M. D. Native of Occupation

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary La Grippe 9 How long sick 4 weeks

Immediate Heart failure Accident, Suicide, Homicide

Reported by A. Steward M.D.

Address Delta, Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

The undertaker was_____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full James P. Graham

Certificate of Death

Died at Town: Carsins Run County: Harford MARYLAND

Date 189 5 Month 12 Day 6 | Age Y. 56 M. D. | Native of / | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 7

Husband of
Wife

Father's Name

Mother's Name 22a

Cause of Death: Primary Consumption — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Physician

Address Havre de Grace 12-16

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Rev. Osborne Belt, Smith's Chy
Pl.

Name in Full Miles

Certificate of Death

Died at Town [illegible] County Harford MARYLAND

Date 189[illegible] Month [illegible] Day 13th Age Y. 81 M. D. Native of Occupation

Male — White Yes Married Widow Yes Divorced

Female Yes Colored Single Widower Number of children living

Husband of Wife Wm Miles

Father's Name Joseph Davis

Mother's Name Harriet Davis

Cause of Death Primary 141 How long sick

Immediate old age Accident, Suicide, Homicide

Reported by Thos W Robins

Address Churchville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Bailey & Baldwin
Lumber Co.
Level
(not

Name in Full

Certificate of Death

Mrs. Barbara Miller

Died at Town: Aberdeen County: Harford MARYLAND

Date 189 Month: Dec. Day: 12 | Age Y. 47 M. 10 D. | Native of Bavaria | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Husband ~~Wife~~ of Gottlieb Miller

Father's Name

Mother's Name

Number of children living 1

141

Cause of Death: Primary — General debility — How long sick 12 months

Immediate

Accident, Suicide, Homicide

Reported by W. B. Rowe M. D.

Address Aberdeen

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Mary Monahan

Certificate of Death

Died at Town Upper X Roads County Harford MARYLAND

Date 1898 Month 12 Day 21 | Age Y. M. D. | Native of | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of John Monahan

Father's Name

Mother's Name

Cause of Death { Primary 161 Immediate

How long sick

Accident, Suicide, Homicide

Reported by Republican 12-24

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 79706

Name in Full

Certificate of Death

Lewis O. Murphy

Died at Town Havre de Grace County Harford MARYLAND

Date 1898 Month 12 Day 28 | Age Y. 27 M. D. 20 | Native of Md. | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children~~ living

Husband / Wife of

Father's Name James Murphy

Mother's Name Lizzie Murphy

Cause of Death: Primary Typhoid Fever 1 | How long sick 3 weeks

Immediate Peritonitis with perfo ration of bowel | Accident, Suicide, Homicide

Reported by R. H. Smith M D

Address Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Wesley Pollock

Certificate of Death

Died at Town Carea County Harford MARYLAND

Date 189 8 Month 12 Day 31 | Age Y. M. D. / | Native of | Occupation

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Pneumonia 72 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Bel Air Times 1-7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70868

Name in Full

Certificate of Death

Florence G. Poplar

Died at Town: Havre de Grace County: Harford MARYLAND

Date 1898 Month: Dec Day: 6 Age Y.: 29 M.: 1 D.: 14 Native of: Maryland Occupation: Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ Wife of John H. Poplar

Father's Name John G. Galloway Mother's Name Unable to answer

Cause of Death: Primary Diabetes 28 How long sick 2 years

Immediate Coma Accident, Suicide, Homicide

Duplicate

Reported by R. H. Smith, M.D.

Address Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65060

Name In Full David L. Pyle

Certificate of Death

Died at Town Pylesville County Harford MARYLAND

Date 189 8 Month 12 Day 16 | Age Y. 68 M. D. | Native of | Occupation

Male / ~~Female~~ | White / Colored | Married / ~~Single~~ | ~~Widow~~ / Widower | Divorced / Number of children living 1

Husband / Wife of

Father's Name David Pyle

Mother's Name

25a

Cause of Death: Primary — Cancer of the Tongue — How long sick

Immediate — Accident, Sulcide, Homicide

Reported by Republican Stand de Grace

Address 12-24

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Mrs Elisha Rogers

Town

County

Died at Emmorton Harford MARYLAND

Month Day Y. M. D. Native of Occupation

Date 189 8 Dec 17 Age

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living Two

Husband of Elisha Rogers

Wife

Father's Name

Mother's Name 70

Cause of Death { Primary Bronchitis Chronic How long sick 10 years

Immediate

Accident, Suicide, Homicide

Reported by J.E. Bucket

Address Bel Air.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Dennis Staudiford

Died at Town near Taylor County Harford MARYLAND

Date 189 8 Month 12 Day 31st Age Y. 80 M. D. Native of Occupation

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children~~ living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Bel Air Times 1-7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Rev. Mr. Hoch, Gordwill Evangelical Church

Name in Full Sarah E Stiver

Certificate of Death

Died at Town Allibone County Harford MARYLAND

Date 1898 Month Dec Day 10 | Age Y. 63 M. 11 D. 10 | Native of N Y | Occupation H wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband / Wife of Wm H Stiver

Father's Name Franklin French Mother's Name

Cause of Death Primary Enteritis How long sick 2 days

Immediate ~~Accident, Suicide, Homicide~~

Reported by O B Carcaud M D

Address Hickory

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Phoebe Stard

Certificate of Death

Died at Town Chapel County Harford MARYLAND

Date 189 8 Month 12 Day 11 Age Y. 46 M. D. Native of Occupation

~~Male~~ White Married Widow Divorced

Female Colored ~~Single~~ Widower Number of children living 3

Husband of Wife

Father's Name Mother's Name 22a

Cause of Death Primary Consumption How long sick

Immediate Accident, Suicide, Homicide

Reported by Bel Air Times 12-17

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Buried at Westleyan Chapel

Rev. F. H. Mullineaux

Name in Full — Certificate of Death

Allen Ann Wells

Died at — Town: Aberdeen — County: Harford — MARYLAND

Date 189 — Month: Dec. — Day: 12 — Age: Y. 89 M. D. — Native of: Md — Occupation:

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — Widow / ~~Widower~~ — ~~Divorced~~

Number of children living: Ten

~~Husband~~ / Wife of: Chapman Edw & M. Wells.

Father's Name:

Mother's Name:

Cause of Death — Primary: Old age 141 — How long sick: Several Months

Immediate — Accident, Suicide, Homicide

Reported by: W. B. Rowe, M.D.

Address: Aberdeen Hayrd Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name In Full Ann Wilhelm

Certificate of Death

Died at Town Prospect County Harford MARYLAND

Date 1898 Month 12 Day 30 Age Y. 65 M. D. Native of Occupation

~~Male~~ White Married Widow Divorced

Female Colored ~~Single~~ Widower Number of children living

~~Husband~~ Wife of Philip Wilhelm

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Bel Air Times 1-7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898